CLAIMS ONLY

Application Number: 10/653027

Filing Date: 1-13-05

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
(1)	1					
2		1				
3		1				
4		1				
~~5~~						
6		1				
7		1				
(8)	1					
9		1				
10		1				
11		1				
12		1				
13		1				
~~14~~						
15		1				
(16)	1					
~~17~~						
18		1				
19		1				
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48						
49						
50						
Total Indep	3					
Total Depend	13					
Total Claims	16					

* May be used for additional claims or amendments

	Indep.	Depend.	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						